

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27528

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Maplewood Mo.

Registration District No. 786  
Primary Registration District No. 4469  
(No. 3505 Oxford Ave.

File No. ....  
Registered No. 42  
St. .... Ward)

**2. FULL NAME MARY S. BARKER.**

(a) Residence, No. 3505 Oxford Ave. St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William T. Barker.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 - 1849</u>		
7. AGE <u>84</u>	YEARS <u>3</u>	MONTHS <u>29</u>
		DAYS <u>29</u>
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) .....	
	11. Total time (years) spent in this occupation .....	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>William Barker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VIRGINIA</u>
	15. MAIDEN NAME <u>NEAL</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Knoxville</u>
	17. INFORMANT <u>Mr. &amp; Mrs. R. A. Davies</u> (ADDRESS) <u>3505 Oxford Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Peoria Ills.</u> DATE <u>Aug. 4</u> 19 <u>33</u>	
19. UNDERTAKER <u>Sam B. Smith</u> (ADDRESS) <u>7451 Manchester Ave.</u>	
20. FILED <u>8-3</u> 19 <u>33</u> <u>Mercedes Schuster</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to Aug 2 1933  
I last saw her alive on Aug 26 1933 Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
82A  
Other contributory causes of importance: 87

Name of operation no Date of .....

What test confirmed diagnosis? Chemical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 21  
If so, specify NY. Cleveland M. D.  
(Signed) NY. Cleveland  
(Address) 5930 Southwest Ave

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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Hi-0